

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES.

ADMINISTRATIVE ADJUSTMENT REQUEST
(With Supporting Documentation Attached)
AAR# _____

CONTRACTOR:	_____	CONTRACT NO.:	_____
ADDRESS:	_____	BUDGET PERIOD	_____
PROGRAM:	_____	FUNDING SOURCE	_____
REQUESTED BY:	_____	TELEPHONE NO:	_____
(Name and Title)			

NATURE OF REQUEST: Service Adjustment Budget Adjustment

REQUEST EFFECTIVE DATE: _____

DESCRIPTION OF REQUEST (Be specific):

REASON FOR REQUEST (Be specific. Justify reason and ability to increase/decrease previously budgeted amounts):

NOTE: Mid-year Budget Adjustments to reduce S&B due to vacancies/delayed hiring shall not impact productivity expectations set at the beginning of the fiscal year.

_____ (Authorized Contractor Staff: Print name, designation and sign) _____ Date

COUNTY USE ONLY

Recommended Not Recommended Comments: _____

_____ Program/Contract Analyst (Print and Sign) _____ Date

APPROVED DENIED Comments: _____

_____ COR (Print and Sign) _____ Date